Treatment of Cholera.

Dr. B. **Ward Richardson** concludes a series of papers on the Treatment of Cholera during the First Stage and during the Fever of Reaction, as follows:—

In cases where it is clearly shown that the symptoms have followed indulgence in any kind of food or fruit that has created stomachic or intestinal derangement, I have found it good practice always to administer a dose of castor oil, and, if necessary, to repeat the dose. After Dr. George Johnson's essay on administration of castor oil I was bolder than before as to this plan, and, I think, with favourable results. So soon as the oil has acted by the bowels—for, singularly enough, it rarely excites vomiting—I have given in every case a mixture containing creasote, opium, and camphor. The following is a good form: Pure creasote, ♏xij; compound tincture of camphor, ℥ss; pure glycerine, ℥ss; distilled water, ℥ss—to make a mixture of twelve doses, of which one fluidrachm in a wineglassful of water may be taken every hour until the vomitings and the discharges from the bowels are relieved.

Creasote in small repeated doses, in combination with opium and camphor, as formulated above, checks the choleraic discharge, relieves the spasm, and is the most demonstrably curative of any remedy I have known.

Treatment in the Stage of Reaction.—I doubt if there be any stage of cholera in which more careful treatment is demanded than the stage of reaction. One is very apt to be deceived by the transition from the cold stage of collapse to the stage of fever. At first all seems well. The cold extremities become warm; the cold breath, so characteristic of cholera that it would yield a diagnosis almost of itself to those who have seen cholera, is again natural; the cramps have ceased; the mind of the patient is easy; the anxious, shrunken expression has departed; the voice has lost its bleating sadness; everything bids fair for recovery. An hour or two passes, and all is changed; there is intense fever, dry skin, parched tongue, nausea, often deliriums and too often a second collapse, assuming what was once commonly called the typhoid type.

The reaction is as close as it can be to that which succeeds exposure to extreme cold or starvation, and the treatment required to meet it is practically the same.

When the stage of collapse has decidedly passed away, the safest practice is to prevent every artificial means of stimulation. Hot drinks, rich foods, alcoholic stimulants, over-clothing, over-heating of the air of the room, are all to be specially avoided. The patient may continue to drink cool watery fluids, he may be allowed watery fruits like melon, but he must not be rapidly fed. He may be relieved of medicine. He must be allowed to rest and sleep.

If, in spite of all precautions, the febrile state does occur, and if the pyrexia runs high, the plan is to combine the application of the cold band to the cervical region and to the head, with administration of cool drinks in abundance, and continued absolute rest.

Medicinally, ammonia, largely diluted with water and milk, is the agent most likely to retain the fluidity of the blood and prevent septic change. Or ammonia might be exhibited by inhalation in the form of ammoniated chloroform, after the manner I have recently suggested for the reduction of zymotic pyrexia.—*Med. Times and Gaz.*, Aug. 25, 1883.

Diabetes in Children.

Senator, in speaking of the pathological appearances of diabetes occurring in children, remarks that the opportunities for observing them are few in number not only because the disease rarely causes death, but also because the patients, on account of the long course of the disease, seldom remain in the hospital. The most frequent changes are found in the brain; inflammatory and degenerative conditions of the fourth ventricle often occur, also tumours in that situation or in the cerebellum; these tumours are tubercular or gliosarcomata; there are also in some cases syphilitic exostoses of the skull, together with gummata of the liver. Prof. E. Hagenbach reports the following case: A girl four and a third years old, and previously healthy, began in the winter of 1879 and 1880 to be very fretful, to drink a great deal of water, and to lose her appetite; soon after she would not take anything but milk and water, and cried out for it in her sleep at night. The renal secretion was very large in amount, and there was decided emaciation. There was no history of injury; the parents were living and healthy, and there were three other healthy children. Hagenbach first saw the child December 23, 1880, after she had been in this condition for a year; she was pale and feverish, very restless and irritable. Nothing abnormal was discovered on examination of the chest. She drank a great deal of water. The specific gravity of the urine was 1004; no albumen; no sugar. December 24th she vomited. December 25th she complained of headache. December 27th there was sudden loss of consciousness, with stiffening of the limbs and a quick pulse. On the following day there was converging strabismus, twitching of the right arm and leg, and the right side of the face, and great somnolence. January 2d the pupils were dilated and not reacting, the right pupil being narrower than the left. January 6th death took place without convulsions. The patient passed immense quantities of urine, which it was impossible to measure accurately, during the latter part of her life; the specific gravity varied between 1000 and 1004, and there was no sugar found at any time, although repeated examinations were made. The post-mortem showed the principal changes to be cheesy tubercle of the infundibulum; meningeal tubercle and distension of the fourth ventricle and the lateral ventricles; tubercular peribronchitis at both apices, with a few fresh miliary tubercles of the left lung; follicular ulceration of the large intestine; interstitial hepatitis; hemorrhages in the kidney, and hemorrhagic erosions in the stomach and duodenum.—*Boston Med. and Surg. Journ.*, July 26, 1883.

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Melituria after Scarlatina.

Dr. ZINN, of Bamberg, reports the following case: January 27th a boy, four years of age, previously strong and healthy, and of healthy parentage, was seized with scarlet fever and diphtheria. The eruption faded on the seventh day, and the diphtheria gradually subsided. On the thirteenth day an otitis externa appeared, and stormy vomiting with rapid development of œdema and ascites, the urine now for the first time showing evidence of nephritis, being lessened in quantity, and showing a large amount of albumen and numerous casts and blood corpuscles. In a few days the more dangerous symptoms passed off, the patient being treated with hot baths and injections of pilocarpine, and a diffuse diuresis having set in the œdema and ascites quickly disappeared. Although the appetite improved considerably the little patient's strength did not return, so that he remained in bed during the whole month of March. Early in April, on attempting to walk, he was found to have paralysis of the right leg, which, however, soon passed off under the administration of iron without electricity. At this time also a slight amount of albumen appeared in the urine. The next symptom which presented itself was increased action of the heart, even noticed by the child himself. On the 10th of April the urine had a specific gravity of 1030, and a considerable amount of sugar. The amount of urine passed in twenty-four hours decreased to between 750 and 1000 cubic centimetres. The appetite was good,